



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION (NJDEP)  
Site Remediation and Waste Management Program  
Division of Solid and Hazardous Waste  
Bureau of Recycling and Hazardous Waste Management



Notification of Exempt Recycling Activities

ANNUAL REPORT FORM  
Exempt Recycling Centers  
(January 1 through December 31, 20 )

PLEASE TYPE THE FOLLOWING INFORMATION

FACILITY NAME		REPORTED BY	
CONTACT PHONE		CONTACT EMAIL	
DATE		*COUNTY OF ORIGIN	

Material Quantity Measured in:

	TONS		CUBIC YARDS		GALLONS	CHECK ONE BOX TO INDICATE UNITS				
	Material Type									
Municipality	1	2	3	4	5	6				TOTAL

Exempt Recycling Annual Report Form – Page II:  
*Terminology Key, Certification, and Filing Information*

## TERMINOLOGIES

TERM	MEANING
*	<i>A separate form must be filled out for each county of origin</i>
1	<b>Tires</b>
2	<b>Trees, Tree Parts, Brush, Wood Chips</b>
3	<b>Grass</b>
4	<b>Leaves</b>
5	<b>Asphalt, Asphalt Roofing, Concrete, Brick, Block</b>
6	<b>Food Waste</b>
7	<b>Non-Container Plastics</b>
8	<b>Textiles</b>
9	<b>Wood Scraps (unpainted and non-chemically treated)</b>
10	<b>Universal Wastes</b>
**	<i>Insert Additional Applicable Exempt Material(s) here</i>

*I certify that the information entered above is true and to the best of my knowledge.*

**SIGNATURE**

**TITLE**

**DATE**

**THIS FORM MUST BE RECEIVED BY MARCH 31<sup>st</sup> OF EACH CALENDAR YEAR TO THE FOLLOWING EMAIL INBOX: [exemptrecycling@dep.nj.gov](mailto:exemptrecycling@dep.nj.gov)**

**ADDITIONALLY, THIS FORM SHALL ALSO BE SENT TO THE FOLLOWING PHYSICAL MAIL ADDRESS AND RECEIVED BY MARCH 31<sup>ST</sup> OF EACH CALENDAR YEAR:**

New Jersey Department of Environmental Protection  
 Division of Solid and Hazardous Waste  
 Bureau of Recycling and Hazardous Waste Management  
 P.O. Box 420, Mail Code 401-02C Trenton, NJ 08625-0420